2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AN
Secretary of State

Daytime Phone #

DOCUMENT # 633443 1. Entity Name FORER, INC. Principal Place of Business Mailing Address			Šecretary of Sta				
6815 SW 81	TERR	Mailing Address 6815 SW 81 TERR					
MIAMI, FL 3	13143 US	MIAMI, FL 33143 US					
		CE	01142008	No Chg-P	CR2E034 (11/05)		
	O NOT WRITE		4. FEI Numb		Applied For		
				59-196		Not Applicable \$8.75 Additional	
<u> </u>				5. Certificate	of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent							
	ON, STUART R ESQ E CONCOURSE	DO NOT WRITE					
SUITE 517 BAY HARBOUR, FL 33154			IN THIS SPACE				
	•				*		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Specture, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution				0.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE NAME	FORER, DANIEL B						
STREET ADDRESS CITY-ST-ZIP	6815 SW 81ST TERR				U00000	1945157	
TITLE			1		05/29/08-	945157 -80126-018 150.00	
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE				IN THIS SPACE			
NAME STREET ADDRESS				***		7-C L	
CITY+ST-ZIP						•	
TITLE NAME					•		
STREET ADDRESS			,				
TITLE			1		3.**		
NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reacht is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an abstract, with all other like empowered.

BIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _